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Satisfaction with Healthcare Services Provided in Public Hospitals of Southern Punjab, Pakistan: Study of District Head Quarter Hospitals

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Abstract
The purpose of this research is to explore patient complaints and patient satisfaction in the context of District Head Quarter Hospitals (DHQHs) practice improvement. The objectives of the study are to evaluate health-related quality and facilities of services, patient satisfaction, and adherence to treatment in patients with moderate in District Head Quarter Hospitals (DHQHs) Southern Punjab, Pakistan. The methodology used was empirical, quantitative and data were represented in percentage tables. Primary data was collected through the questionnaires from each district of Southern Punjab. The targeted population was patients and attendants of DHQHs. The random sampling technique was used for the collection of data. Closed ended and Likert scale questionnaires was entertained for data collection. The sample size was 100 and the response rate was cent percent after follow-up. Data is analyzed through regression and correlation by using SPSS software. The findings shows that the main factor that highly influenced on the satisfaction of patient and cause dissatisfaction of DHQHs services is the attitude of doctors, lab-technicians, nurses and clerical staffs.
Keywords: Satisfaction, Health care services, Southern Punjab

1. Introduction

Patient satisfaction is considered an important hospitality goal for various reasons. First, patient satisfaction is an indicator of the quality of care provided by the Healthcare services. Satisfaction may not be statistically linked with the technical superiority of care, it is linked with the idea of complete quality as perceived by the patient. It is this perception that becomes the basis for future choice or the recommendation of hospitals to other potential patients. Hostutler et al.1999 described satisfaction as occurring when services are purified in terms of customer hopes, needs, and opinions. Thompson and Yarnold, 1995 stated that satisfaction occurred in the setting of confirmation of patient expectation(s), and dissatisfaction occurred in the setting of disconfirmation of the same expectation(s). Rhee and Bird, 1996 stated that patient satisfaction was categorized by the patient's beliefs regarding future use or recommendation of the institution for future care. Other authors describe patient satisfaction as the degree of comparison between patients' expectations of care and their perceptions of the care actually received (Anderson et.al, 1998 and Abramowitz et.al, 1987).

The requirement for continuous improvement of quality and safety in the delivery of patient care has become axiomatic. Patients and their relatives are the only source of data for information on the dignity and respect with which they are treated (Cleary, 2003). Valuation, observing and examination of patient complaints and patient satisfaction data provide one indicator of quality of care (Leino and Vuorenheimo, 1992), can contribute to hospitals upgrading strategies (Bendall and Power, 2001) and provide Healthcare consumers input into upgrading of Healthcare services and delivery (Vuouri, 1991).

Patient complaint and satisfaction data is used for two purposes. Firstly to evaluate patient care and secondly to calculate patient 'consumer' behavior (i.e. will they recommend a Healthcare service or return for care in the future). Researchers proposed characteristics of the Healthcare providers and services that influence patient satisfaction. The dimensions of patient satisfaction include: art of care (caring attitude); technical quality of care; accessibility and convenience; finances (ability to pay for services); physical environment; availability; continuity of care; efficacy and outcome of care (Ware et.al, 1977). A working definition is the degree to which the patient's desired hopes, objectives and or partialities are met by the Healthcare provider and or service.

In Southern Punjab, there is a big civil hospital in each district that is called District Head Quarter Hospital (DHQH). There are minimum 500 beds available for patients. DHQHs include surgical department that includes urological surgery, E.N.T. surgery, ophthalmic surgery, general surgery, gynecological surgery, orthopedic surgery medicine department, outdoor, homeopathic department, T.B. department, dental surgery, physiotherapist department and pharmacy. Cardiology department and pediatric department include CCU and ICU. X-Ray and ultrasonography and Pathology department, are the parts of DHQHs. Blood bank, general store, equipment store, delivery room, operation theaters different laboratories for tests are sound equipped in DHQHs. In this research the key indicators that impacts on patient satisfaction from Healthcare services of DHQHs

Southern Punjab, Pakistan are admission process, attitude of staffs including doctors and facilities like laboratory tests and medicine from the hospitals.

2. Methodology

Most studies rely on multiple criteria of patient satisfaction for quality measurements. To date there is no sole general method for computing patient satisfaction (Saila.T.et.al, 2008). The utilization of both qualitative and quantitative methods to assess patient satisfaction is recommended. The tools most frequently cited in the literature to measure patient satisfaction are surveys (Hargraves et.al, 2001, Persse et.al, 2004 and Daris et.al, 2005), critical incident technique and questionnaires (DePalona , 2000, Davis et.al, 2008 and Potiriadis et.al, 2008). Case studies, interviews and observation are also used to gather data (Hays RD.et.al, 2006 and Henderson et.al, 2004).The methodology used in this paper is empirical and quantitative data are represented in percentage tables. Primary data is collected through the questionnaires from DHQHs of the Southern Punjab which consists of following districts Dera Ghazi Khan, Bhawalpur, Multan, Rahim Yar Khan, Bhawalnagar, Layyah, and Ranjanpur. The targeted population was patients and attendants of DHQ hospitals. The random sampling technique was used for the collection of data. Closed ended and Likert scale questionnaire was entertained for data collection. The sample size was 100 and the response rate was cent percent after follow-up. Data was analyzed through regression and correlation by using SPSS software.

3. Conceptual framework

The conceptual framework is designed to understand the patient satisfaction regarding the services of the government hospitals in Southern Punjab, Pakistan. According to framework the main factors that influenced the patient satisfaction are admission process, attitudes of staffs and doctors, facilities of laboratories and pharmacy.

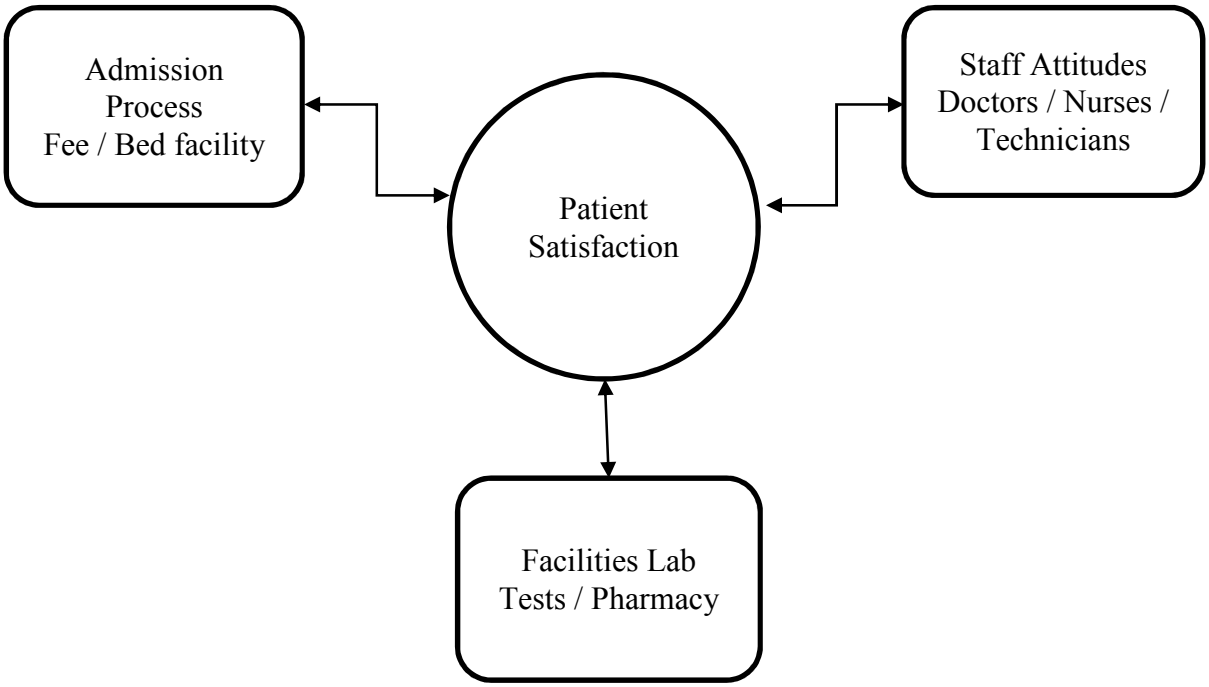

Figure-1 shows the conceptual framework of the research.
The model shows the factors that influenced on the patient.
Additive model is used here. The equation for the representation of the models is given as,

$$Yi = \beta_0 + \beta_i xi + \varepsilon i$$

Here is, Yi represents the dependent variable, β_0 denotes the constant, β_i is a regression coefficient of independent variables, xi represents the independent variables also called as explanatory variables and εi denotes the random error.
So equation representing our conceptual framework is given as,

$$PS = \beta_0 + \beta_1 (AP) + \beta_2 (SA) + \beta_3 (FS) + \varepsilon i$$

Model is additive and effects are linearly related.
Here is, (PS) represents the dependent variable patient satisfaction, β_1(AP) is independent variable and represents the admission process, β_2(SA) represents the independent variable staff attitude and β_3(FS) is independent variable represents the factor facilities given to patients.

4. Hypothesis:

Patient satisfaction is dependent variable while the admission process, attitudes of staffs and doctors, facilities of laboratories and pharmacy.

Following hypotheses are generated on the basis of a conceptual framework.

H_1: Admission process has a positive and significant impact on patient satisfaction.

H_2: Staff attitude has a positive and significant impact on patient satisfaction.

H_3: Lab test and pharmacy facilities have a positive and significant impact on patient satisfaction.

5. Data analysis

The data collected shows that the percentage distribution of main indicators through which patient satisfaction measured is as under,

a) Admission process

Feedback of patient / attendant	Very Good	Good	Satisfactory	Poor
%age distribution	15%	25%	55%	5%

Table-1 Patient satisfaction about the admission process of DHQHs

b) Staff attitude

b.1) Doctor attitudes towards patients

Feedback of patient / attendant	Very Good	Good	Satisfactory	Poor
%age distribution	5%	15%	40%	40%

Table-2 Patient satisfaction about the attitudes of doctors in DHQHs

b.2) Nurses attitudes towards patients

Feedback of patient / attendant	Very Good	Good	Satisfactory	Poor
%age distribution	10%	15%	45%	30%

Table-3 Patient satisfaction about the attitudes of nurses in DHQHs

b.3) Laboratory technicians attitudes towards patients

Feedback of patient / attendant	Very Good	Good	Satisfactory	Poor
%age distribution	7%	20%	35%	38%

Table-4 Patient satisfaction about the attitudes of laboratory technicians in DHQHs

b.4) Clerical staffs attitudes towards patients

Feedback of patient / attendant	Very Good	Good	Satisfactory	Poor
%age distribution	4%	18%	27%	51%

Table-5 Patient satisfaction about the attitudes of clerical staffs in DHQHs

c) Facilities of laboratory tests and medicines

c.1) Laboratory tests

Feedback of patient / attendant	Very Good	Good	Satisfactory	Poor
%age distribution	2%	17%	35%	46%

Table-6 Patient satisfaction about the facilities of laboratory tests in DHQHs

c.2) Medicines

Feedback of patient / attendant	Very Good	Good	Satisfactory	Poor
%age distribution	10%	35%	15%	40%

Table-7 Patient satisfaction about the facilities of medicines in DHQHs

The above represented data shows that the main reason for the lack of satisfaction of patients and their attendant is attitudes of DHQHs staffs including doctors, nurses, laboratory technicians and clerical staffs.

5.1. Regression and correlation analysis

Model Summary

Model	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.809	0.783	0.1951

a. Predictors: (Constant), AP, SA, FS,

Table-8 Model Summary of the Variables

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	4231.563	1	4231.563	42.6	0.000[b]
	Residual	221.23	98	40.897		
	Total	4452.793	99			

a. Dependent Variable : PS
b. Predictors: (Constant), AP, SA, FS,

Table-9 ANOVA Analysis of the Variables

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	0.512	1.150		3.209	.000
	AP	0.563	0.762	0.681	2.556	.006
	SA	0.451	0.533	0.574	1.310	.043
	FS	1.203	1.593	0.771	3.412	.004

Table-10 Correlational Analysis of the Variables

Correlations analysis

Correlation		PS	AP	SA
AP	Pearson Correlation	.563**	-	-
SA	Pearson Correlation	.941**	.764**	-
FS	Pearson Correlation	.802**	.934**	.559**

**Correlation is significant at the 0.01 level (2-tailed).
*Correlation is significant at the 0.05 level (2-tailed).

Table-11 Correlation Analysis of the Variables

6. Results and Discussions

In the table-8, R is .809 which means that the independent variables the admission process (AP), attitudes of staffs (SA) and facilities of laboratories and pharmacy (FS) can explain 80.9% of change in the dependent variable. The adjusted R demonstrates that 78.3% of the variances were explained in this model. In this model standard error of estimate is 19.51% that explains the standard deviation of the estimate (Factors in this model which could not affect PS).

The table-9 shows that the independent variables are resulting the significant variances in the dependent variable patient satisfaction in Southern Punjab, Pakistan.

Bate explains the contribution of each independent variable in the explanation of the dependent variable. The table-10shows that the independent variables (AP) admission process with a beta coefficient of.563 and sig. value of .006 that shows its strong contribution in the explaining of patient satisfaction in the Southern Punjab while others variables, (SA) staff attitude (β = .451; p=.043) and (FS) facilities of lab tests and pharmacy (β = 1.203; p=.004). All these independent variables have a positive and significance impact on patient satisfaction. Also the table-11 correlation analysis suggests there is a strong mutual relationship between independent variables and dependent variable patient satisfaction in Southern Punjab, Pakistan.

7. Conclusions and recommendation

The study provides important information about the services provided in DHQHs of Southern Punjab, Pakistan. Most of the patients were satisfied with the services like admission process, laboratory tests and medicine facilities but most were unsatisfied with the attitudes of doctors, nurses, laboratory technicians and clerical staffs. The administration and interpretation of patient satisfaction surveys require careful attention to methodological detail. The study showed that there were statistically significant impact of health service quality on patient satisfaction in DHQHs that be caused by the lack of training and experience of hospital personnel in dealing with the requirements of patients. All of our hypotheses are proved true and following recommendations are vital for the improvement of patient satisfaction in public hospitals especially DHQHs of Southern Punjab, Pakistan.

- To upgrading the quality of services in the DHQHs there is required continuous work hard in the field of development and modernization, especially in the area training of human resources and upgrading of staff.
- Especially focus on response aspect, which directly fulfill the desires of the patient.
- As well as the departments of hospitals to develop a tool to communicate with patients and surveyed after their service is finished and returning to home and because some patients hide feelings and opinions,

especially if they prompt disappointment, dreading abuse by medical and nursing personnel at hospitals & that attains two benefits: a) See the real condition of quality of service provided. b) Also, in the event of accord by the patient satisfaction, it generates complexity and in the lack of consent to alleviate the impact of dissatisfaction and detects the areas of deficiency in service which reflects the psychological image of the hospital and alleviate the impact of the low level of service.

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